

**ADDIS ABABA UNIVERSITY
FACULTY OF MEDICINE
DEPARTMENT OF COMMUNITY HEALTH**

**Assessment of level of awareness and utilization of
emergency contraception, among college female students
in Oromia Regional state, Arsi Zone, Asella town
South-East Ethiopia**

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Acronyms

AAU. Addis Ababa University
AIDS. Acquired Immunodeficiency Syndrome
AOR. Adjusted Odds Ratio
COC. Combined Oral Contraceptive
COHRA. Consortium of Reproductive Health Associations
EDHS. Ethiopian Demographic Health Survey
EC. Emergency Contraceptive
ECPs. Emergency Contraceptive pills
ESOG. Ethiopian Society of Obstetrician & Gynecologists
FGAE. Family Guidance Association of Ethiopia
FP. Family Planning
HIV. Human Immunodeficiency Virus
IEC. Information Communication and Education
IUCD. Intra Uterine Contraceptive Device
KAP. Knowledge, Attitude and Practice
MOH. Ministry of Health
MMR. Maternal Mortality Ratio
NGO. None Governmental Organization
OCPs. Oral Contraceptive Pills
OR. Odds Ratio
RH. Reproductive Health
SRH. Sexual and Reproductive Health
SPSS. Statistical Package for Social Sciences

Abstract

Background: Emergency contraception refers to type of contraception that is used as an emergency procedure to prevent unintended pregnancy following an unprotected act of sexual intercourse. Every year, unintended pregnancies lead to at least 20 million unsafe abortions, resulting in the death of some 80,000 women. There is low utilization of emergency contraception, while awareness is relatively high.

Objective: To assess level of awareness, attitude and utilization of emergency contraception and factors influencing knowledge, attitude and practice.

Methods: A cross-sectional survey was conducted on February 2007. There were a total of 2167 female students in 10 colleges in Asella town. Eight hundred thirty three of them were sampled for the study. Self administered questionnaire and in-depth interview was used to collect data.

Result: The magnitude of sexual violence was as high as 47.9% and unwanted pregnancy was 16.9% for those who practiced sex. From 833 respondents 228 (27.4%) have knowledge about emergency contraception; Correct timing of emergency contraception was reported only by 82 (9.8%) and 20 (2.4%) of them had ever used emergency contraception. Oral contraceptive pill was the most widely used 13 (65.0%). Health professionals were main source of information 126 (55.3%), but some of the health workers have no in-service training on emergency contraception. About 548 (65.8%) of the respondents had favorable attitude towards the use of emergency contraception. All of the health institutions were not providing family planning or emergency contraception services for college students, beside the clinics in the college had no family planning program.

Conclusion: There is high sexual violence & sexual harassment (high rate of unintended sex); low awareness, knowledge and utilization of emergency contraceptives among college female students and no favorable access to the service. Hence there is a need for collaborated effort to improve service quality and prevent female students/women from life threatening behaviors.

1. Introduction

Emergency contraception (EC) refers to the type of contraception that is used as an emergency procedure to prevent unintended pregnancy following an unprotected act of sexual intercourse. “Morning-after pill” or “Post-coital contraception” are terminologies used interchangeably, but confusing since methods are not only pills and can be used within 5 days after un protected intercourse and not merely the morning after. Hormonal ECs originated in the mid-1920s and developed since the mid 1960s (1, 2). The general indications for EC are when no contraceptive has been used; when there has been a contraceptive accident or misuse and when the woman is a victim of sexual assault (1, 3).

Study of knowledge and perception of EC among female Nigerian undergraduates revealed 58% of respondents reported knowing about EC, but only 18% of respondents who reported knowing about EC knew the correct time frame in which ECs must be used to be effective (5).

Planned Parenthood Federation of Nigeria (PPFN) believe that special consideration should be given for refresher training and technical updates to enhance performance and ensure the success of EC services and second special consideration must be given to youth as they account for the highest percentage of unwanted pregnancy and unsafe abortions (6).

Despite the availability of highly effective methods of contraception; many pregnancies are unplanned and unwanted. These pregnancies carry a higher risk of morbidity and mortality, often due to unsafe abortion. Many of these unplanned pregnancies can be avoided using emergency contraception (3). Ethiopian Society of obstetricians and Gynaecologists (ESOG) obtained approval for importation and use of Postinor 2, in anticipation its full registration with Ethiopia drug administration and control authority (DACA). And EC Afrique negotiated to procure 40,000 units of Postinor 2 to supply the projects (6, 7).

Rationale of the study

Complications from unsafe abortions account for approximately 40% of maternal deaths worldwide (11). Maternal mortality in Ethiopia is as high as 673/100,000 live births (12). Improving maternal health and reducing Maternal Mortality Rate (MMR) is one of the Millennium Development Goals (MDGs). Through out the world women are subjected to different types of violence no matter where they live or what their status is (13, 14).

Unwanted pregnancy is a big problem in Ethiopia; more than 60% of the pregnancies in adolescents are unwanted which is alarming figure and most of these pregnancies particularly the ones in adolescents end up as unsafe abortion. A community based survey in Addis Ababa showed that 54% of maternal deaths result from unsafe abortion. In Ethiopia 20% of abortion occurs in girls between 15-19 years of age (6). Beside, many others develop different complications; which affects the life of the women. Gender based violence like abduction, rape and sexual violence are common sexual reproductive health problems which need to be addressed (15, 16). A community based study carried out in Arsi zone, Kofele District on magnitude and immediate out-comes of physical violence against women revealed that 12.9% and 6.8% of women married by abduction and faced coercion by male partners respectively (17). Physical violence by partners was reported 49% in South- central Ethiopia (30).

The practice of EC to prevent unwanted pregnancy among university students in Addis Ababa, was low, although awareness is high (15). On the other hand lack of Knowledge among providers is a problem and negative attitudes toward providing adolescents with ECPs poses an equal challenge (18). Since most college students are from rural areas the chance of getting information on SRH is limited (15, 23). Living out-side campus and without parents supervision may worsens the exposure to unintended sex and unwanted pregnancy.

Assessing the students level of awareness and inform the concerned body for possible intervention of the correct utilization of the methods has a paramount importance. Assessing knowledge of service providers' and attitude towards EC is also equally important to improve service quality. The findings could be helpful in planning to reduce unplanned/unwanted pregnancies, unsafe abortion and its complication, MMR and improving Sexual and Reproductive Health (SRH) of adolescents and women.

2-Literature Review

2.1. Knowledge, attitude & practice of EC.

Women especially young women in rural areas remain largely unaware of EC and therefore do not have the option of using it to prevent pregnancy following unplanned sex (6).

In spite of the increased number of health facilities for service delivery, the Health Sectors Development Program I (HSDP-I) had no major impact on the utilization of Reproductive Health Services (SRH) nationally and RH status in general, since the mortality and morbidity rates did not decrease (19). In a community based survey in Amhara, Oromia, SNNP and Tigray the knowledge of FP appears to be high (86%), however the knowledge about long-term, permanent and other alternatives, including EC methods was very low (4, 20).

A study on Nigerian female undergraduates showed that 43% of respondents were sexually active, 39% had ever practiced contraception, and 34% had ever had an induced abortion (5). From the respondents 58% of them know about emergency contraceptives, however, only 18% of them knew the correct time frame in which EC should be used to be effective (9).

Another study done in South Africa showed 65% need of EC by women interviewed after they get information during the interview, but only 23% of them have heard and 9% have used EC prior to interview (4). Similar survey done among students of Addis Ababa University and Unity University College showed 43.5% of students have heard about EC, but lesser proportion (10%) of those who have heard about EC could tell the correct timing of administration (15) and only 5% of the respondents have used emergency contraception. In the same study, 19.5% were sexually active and 51.7% have ever used regular modern contraceptives. Of those who were sexually active 35.1% have experienced pregnancy one or more times and 73.5% of these pregnancies were unwanted. More than 71.7% of unwanted pregnancy had induced abortion and 29% were under unsafe condition. About 53% of the students have positive attitude towards the importance of emergency contraceptives (15). A study in Jimma university female students showed that there was 22.8% ever heard, 11.6% knew the correct timing for EC and inadequate knowledge and experience among service providers (31).

2.2 Magnitude of gender based sexual violence in college students

Gender based violence is physical, mental or social abuse (including sexual violence) including acts, attempted or threatened, done with some type of force, manipulation, or coercion and without the informed consent of the affected person/survivor.

Forms of gender based violence include sexual violence, sexual abuse, sexual harassment, sexual exploitation, early or forced marriage, discrimination, and female genital cutting, but to be free from sexual violence is one of human right (21, 22).

In a qualitative study by Consortium of Reproductive Health Association (CORHA) in four universities in Ethiopia; female university students had reported they were harassed and raped both in and outside the university campuses (23).

In a school based survey among high school students in Addis Ababa and West Shoa prevalence of completed and attempted rape was 5% & 10% respectively (28). In similar study among high school students in Debark, North-west Ethiopia, sexual violence was reported by 65.3% of respondents. The prevalence of performed & attempted rape was 8.8 & 11.5% respectively (29). From reports of major findings from field research conducted in Merkan & Mareko district in south-central Ethiopia, 59% of women suffered from sexual violence, and 49% from physical violence by a partner at some point in their lives (30).

2.3 Importance of EC for the youth

The mean age of menarche for girls in Jimma town, Oromia regional state was found to be 14.1 years on study conducted among in school youth (27).

In populations where most women of reproductive age do not have access to contraception, unwanted or mistimed pregnancies occur frequently. Most victims of unwanted pregnancy are adolescents, who are expelled from school, often ending their formal education and the potential for meaningful future employment. For fear of being expelled from school, many

adolescent girls resort to clandestine abortion, which often results in serious complications or death (20).

Emergency contraceptive pills have become more available in many developing countries. However, limited provider knowledge and negative attitudes, as well as poor user awareness and access, have hindered adolescents in learning and using Emergency contraception.

Despite programming and messages encouraging delayed sexual debut and abstinence, many youth have unplanned intercourse. Adolescents are subjected to have sex sporadically, which makes contraceptive planning difficult. Others experience contraceptive failure and their failure rates may be higher than adults due to their inexperience. Also many young women experience coerced sex, including rape (18).

EC used as bridge to other reproductive health services. A study in Jamaica found that 55% of those who used emergency contraception for the first time adopted an on going method of contraception afterwards (18).

2.4 Accessibility of EC methods

A New York state comptroller's office study estimated that easier access to EC could save the state 452 million annually, and prevent 122,000 unintended pregnancies and 82,000 abortions each year. This study was based on previous estimates that EC has the potential to prevent half of unintended pregnancies.

Emergency contraception has become a widely accepted method of contraception, and many governments have taken steps to increase women's access to it. However substantial barriers remain for adolescents. To continue expanding availability of ECPs to adolescents and women as a whole, public health and policy advocates recommend that governments explicitly recognize ECPs as a safe, effective method of preventing pregnancy and strengthen their efforts to increase access. Recommendations to government agencies include: I) Register with the government and promote at least one product dedicated for ECP use (instead of using standard combined oral contraceptives in higher dosage); ii) Expanding awareness and access through efforts such as permitting the sale of ECPs without a doctor's prescription (over-the-counter); and iii) Enact laws and policies that recognize adolescents' right to use ECPs and that address the barriers they face in accessing and using (4, 18). It is important to note that there is an

enabling policy and legal environment to expand, promote and ensure the availability and accessibility of FP as well as emergency contraceptive services in the country (8).

Introduction of EC began in 2001 by Family Guidance Association of Ethiopia (FGAE) in collaboration with the population council as a pilot project in selected youth center clinics in the country. The project demonstrated that EC was popular among young people, served as a learning experience, and showed the need to expand services in the public and Non Governmental Organizations (NGO) sectors (2, 8, 9, &10).

2.5 Knowledge and attitude of service providers

Health service providers need to be not only technically competent, but should be empathetic and capable of delivering holistic services that is client centered. Providers should not object to provision of emergency (life saving) procedures. When a provider has a conscientious objection to medical procedure or any intervention, s/he is obliged to refer the patient or client to a facility where the service can be provided. Provider should organize user friendly clinics recognizing the reproductive health needs of the Adolescents (22).

Framework for the national contraception policy guideline in South Africa acknowledges that EC is neither widely promoted, nor easy to access and that provider knowledge is generally inadequate (4, 6, 8). As Nigerian Planned Parenthood Federation (PPFN) the six Bruce's elements of quality of care should be applied to the provision of EC services (6).

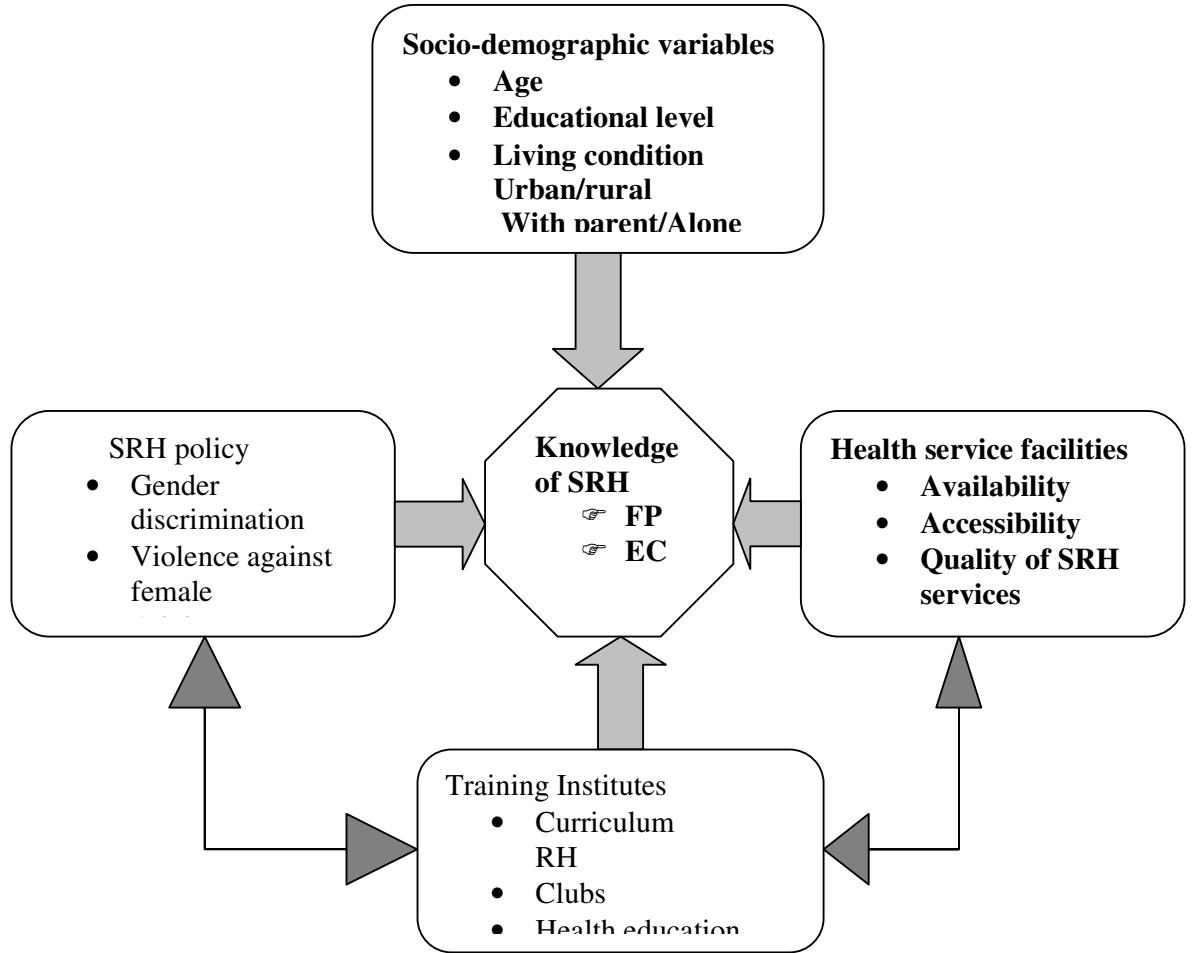
In order to run an effective EC program, there is a need to deploy a well trained provider, ensure an adequate supply of contraceptive commodities, and establish an effective monitoring and evaluation mechanism that is coupled with a facilitative supervision (8).

Emergency contraceptive pills counseling (a face-to-face communication) is an integral and essential part of family planning services (8).

In March, 2005 in Ethiopia 69 Doctors and Nurses were trained to provide EC in 36 service delivery points through out five regions (6, 7, and 8). Alongside these activities, the intervention will assess EC knowledge, attitudes and practices among clients and providers; develop Information Education Communication (IEC) materials; evaluate the training needs of health providers; and track the distribution of EC services at clinic level (6, 8). Under this

project three universities and five regional health bureaus including Oromia were to introduce and scale-up public sector EC services (6).

Conceptual framework



3-OBJECTIVES

3.1 General Objective:

To assess level of awareness, attitude and utilization of Emergency contraception and factors influencing knowledge, attitude and practice of EC among college female students

3.2 Specific objectives:

- ▶ To assess college students knowledge, attitude & practice of emergency contraception.
- ▶ To assess magnitude of exposure to unintended sexual intercourse
- ▶ To assess factors influencing knowledge, attitude & practice of emergency contraception.

4-METHODS

4.1 Study setting

The study area is Arsi administrative zone, which is one of the fourteen zones in Oromia regional state. Asella is the capital of the zone which is located 175 KM south-east of Addis Ababa. The administrative zone has 23 rural districts. There were more than 10.888 college students attending their education in the academic year 2006/07 in 10 colleges (four government and six private colleges).

A cross-sectional survey was conducted among 833 college female students, complemented by qualitative method.

4.2 Study population

4.2.1 Source population:

All female students attending their training in ten colleges in Asella town at the time of data collection.

4.2.2 Sample size:

Using single proportion sampling formula

$$n = \frac{(Z \alpha / 2)^2 * p(1-P) * D}{d^2}$$

Where n=minimum sample size needed

d=desired precision (5%)

D=design effect (2 stages)

P=proportion of students having awareness of emergency contraception to be 43.5%

(13)

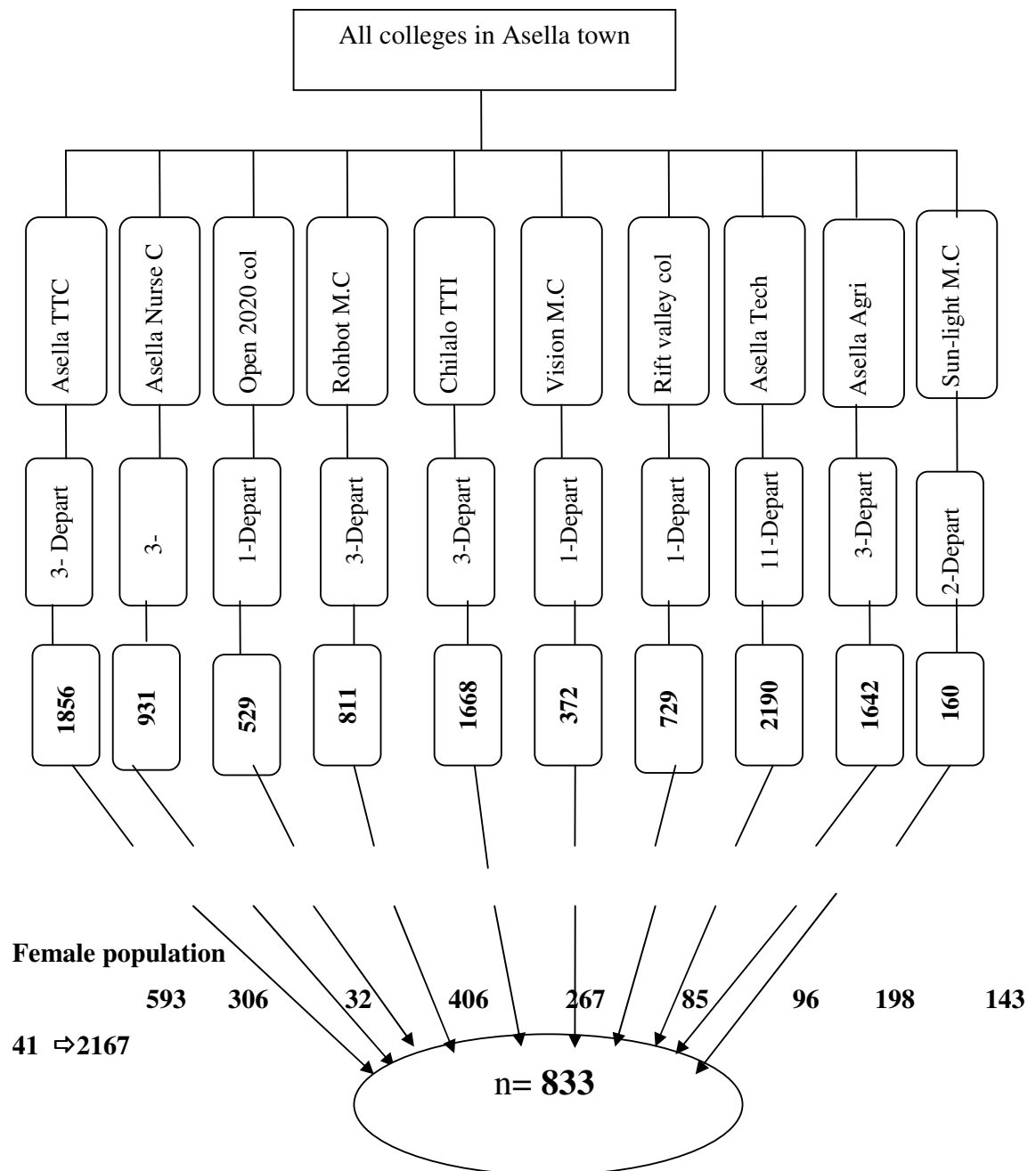
$Z_{\alpha/2} = 1.96$ at confidence level 95%.

Based on these assumptions, the sample size required from the selected colleges was 757, and adding 10% non response the final sample size was 833 female students.

4.2.3 Sampling procedure

The required number of samples was allocated proportionally among ten colleges. By simple random sampling; class rooms from each college and number of study subjects from each class room were selected. Structured self administered questionnaire was used to collect the information from each study subjects.

Schematic presentation of sampling procedure



4.3. Data collection

4.3.1 Data collection tools

Structured self administered questionnaire was developed in English, which contain three parts (socio demographic characteristics, sexual and reproductive history, and Knowledge of existence of emergency contraception methods, utilization and service provider related issues). The questionnaire was then translated in to local language “Afaan Oromo” by an individual who had a very good ability of both languages for better understanding of data; the questionnaire was again rechecked by another individual of similar ability in order to see the consistency of the contents of the instrument.

The questionnaire was pretested on college students who were not selected for the main study.

4.3.2 Data collectors

Health professional who are instructors of Asella health Science College and have qualification of diploma or degree and speak local language (afaan Oromo) were used as data collectors. Data collectors were recruited from Asella town and training was given for two days to make familiar with the questionnaire; so that they could instruct and help the students in any difficulty. Data collectors were assisted by facilitators that were assigned from each college and oriented about the help needed from them.

4.3.3 Data collection procedure

Students from randomly selected class rooms and year of study from each college were included in the sampling. With the help of assistants from each college the selected students were taken to one classroom or hall, where they were informed about the purpose of the study, importance of their participation and verbal consent were ensured. Based on their willingness to participate in the study, they were provided the questionnaire and oriented how to fill the questions. After they have completed filling the questionnaire they returned to the data collectors.

4.3.4 Data quality control

Data collection instrument were pre-tested on 42 (5%) students of the same level of knowledge, and adjustment was made based on the assessment of its appropriateness. In addition, data collectors were adequately trained on the administration and checking of completed questionnaire was done. Supervision by the principal investigator throughout the data collection was carried out.

4.3.5 Operational definitions

Emergency contraception: - type of contraception used as an emergency to prevent unwanted pregnancy following an unprotected/un intended act of sexual intercourse.

Utilization of emergency contraceptives: - practice of respondents about emergency contraceptives.

Sexual practice: Ever had sexual intercourse.

Forced sex: Sexual practice performed without informed consent of the partner, sexual assault (usually females).

4.4 Data processing & analysis

After data collection, each questionnaire was checked for completeness. Data was cleaned and edited. The data was entered using EPI INFO₆ and cleaned and exported to SPSS for windows version 11 soft ware. Frequencies were used to check for missed variables and errors. Any error identified at this time was corrected by revision of the original questionnaire.

Frequencies, means and medians were calculated; then Chi-square tests and binary and multinomial logistic regression were employed to check the significant association between dependent and independent variables.

4.5 Qualitative data

Methodology

Purposive sampling technique was applied and two clinics of colleges', one government hospital and health center and two NGO clinics working on sexual reproductive health found in Asella town were included in the study. Health workers in those college clinics (one health assistant and one junior nurse), MCH/FP unit coordinators (2 senior nurses) in the hospital and health center (2 senior nurses), and two NGO clinics (4 senior nurses), a total of 7 female and 3 male health professionals were participated. Six of the participants were married, while four of them were single.

The data was collected using semi structured guideline questions for in-depth interview and tape recorder by the principal investigator and note was taken. Transcription and translation was carried on the same day not to forget the themes of the discussions. The report was then categorized by responses, type of discussants and by area of the discussion.

4.6 Ethical consideration.

Ethical clearance was obtained from Addis Ababa University, Medical Faculty, Department of Community Health. Official permission was secured from regional health Bureau, zonal, district health administrative offices and from each college offices. The respondents were informed about the objective and purpose of the study and verbal consent were taken from each respondents. Also they were informed about their right of not participating in the study

or with drawing at any time. Confidentiality of the information was assured and collected anonymously.

4.7 Dissemination of the study results

The final report of the study will be presented and discussed in Addis Ababa University, Faculty of Medicine, Department of Community Health. Result of the study will be disseminated to study area colleges, zonal, regional health offices, COHRA (funding agency) and other relevant organizations working around sexual reproductive health.

5. Results

5.1 Socio-demographic Characteristics of respondents

Response was obtained from all 833 female students making the response rate 100%. A total of Ten colleges (six private and four Government), of which four teachers training, four health training, one technical, and one agricultural were included. As shown in Table 1 most of the respondents (59.4%) were between 17-19 years of age. The mean age was 19.7 ± 2.4 , median age of 19 years, ranging from 17 to 35 years. Most of the respondents 481 (57.7%) were followers of the Orthodox Christianity followed by Islam which accounts for 189 (22.7%). Seven hundred eight (85.0%) of respondents were Oromo, 107 (12.8%) Amhara, 18 (2.2%) Gurage & Tigre ethnic group. Seven hundred and nineteen (86.3%) of the respondent were unmarried and 751 (90.2%) do not have children. Majority 620 (74.4%) of the respondents were living in the town (out of campus) alone or with peers and 153 (18.4%) with parents and husbands. Concerning occupation of parents of the study subjects for majority 535 (64.2%) of them One or both parents (father &/or mother) were peasants, followed by 161 (19.3%) one or both parents were government employed and for 112 (13.4%) one or both parents were traders. When respondents' Mother's and father's occupation is different father's (head of house) occupation was taken, but if the father is not available

mother's occupation was taken as occupation of the parents. Most of the students are attending three years training courses. Three hundred and eighty (46.3%) were first year, 188 (22.6%) second year and 259 (31.1) third year students.

Table 1. Socio-demographic and academic Characteristics among college female students

in Asella town; February 2007

(n=833)

Characteristics	Number	percent
Age		
≤ 19	495	59.4
20-24	297	35.7
25+	41	4.9
Median 19, Mean 19.7± 2.4 & Range 17-35 years		
Religion		
Orthodox	481	57.7
Muslim	189	22.7
Protestant & Catholic, & others	163	19.6
Ethnic group		
Amhara	107	12.8
Oromo	708	85.0
Gurage, Tigrie , & Others	18	2.2
Marital status		
Single	719	86.3
Ever Married	114	13.7
No of children		
None	751	90.2
One	43	5.2
Two & above	39	4.6
Parents' occupation		
One/both peasants	535	64.2
One/both employees	161	19.3

One/both traders	112	13.4
Others	25	3.0
Current residence		
In rental house in town	620	74.4
With parents & husband	153	18.4
In campus	60	7.2
Year of study		
Year I	386	46.3
Year II	188	22.6
Year III	259	31.1
Type of Colleges included		
Teachers training colleges	380	45.6
Health training colleges	323	38.8
Agriculture & Technical co	130	15.6

5.2 Sexual and reproductive characteristics of respondents

Table 2 indicates 617 (74.1%) were reported to have had menarche at age of 14-16 years with mean age of 14.3 ± 1.1 years and median age of 14 years. About 243 (29.2%) of the respondents have had sexual intercourse in their life time. Of those who ever had sexual intercourse, about 124 (51.0%) were by the consent of the female, while 119 (49.0%) were forced. A total of 291 (34.9%) reported that they have encountered sexual harassment and escaped from the attempt of forced sex once or more times. Of those who had forced sex, student peers 30 (22.5%), unknown persons 26 (21.8%) were ranked high in committing forced sex. Most of the students 52 (43.7%) encountered forced sex at their vicinity (home). More than half of the forced sex 62 (52.1) resulted in unwanted pregnancy and 40 (64.5%) of them proceeded pregnancy to delivery while 22 (35.5%) undergo induced abortion. In the period 2004 to 2007 the number of forced sex was as high as 47.9% among those subjected to forced sex.

Table 2. Age of menarche, sexual reproductive characteristics and patterns of Sexual intercourse among college female students in Asella town; February 2007

Characteristics	Number	Percent
Age of menarche		
11-13	204	24.5
14+	629	75.5
Median 14.0, Mean 14.3±1.1 & Range 11-19 years		
Ever had sexual intercourse		
Yes	243	29.2
No	590	70.8
Practiced sex by (n=243)		
Consent	124	51.0
Forced	119	49.0
Attempt of forced sex		
Yes	291	34.9
No	542	65.1
Forced sex performed by (n=119)		
Peers/student	30	22.5
Teachers	4	3.4
A relative in the parent (family member)	13	10.9
Unknown person	26	21.8
Others	3	2.5
No response	43	36.1

Place of forced sex performed (n=119)		
At home	52	22.7
In and on the way to school	27	43.7
Hotel & unknown place	19	16.0
Others	7	5.9
No response	14	11.7
Year of forced sex (n=119)		
1994-2003	25	21.0
2004-2007	57	47.9
No response	37	31.1
Pregnancy after forced sex (n=119)		
Yes	62	52.1
No	57	47.9
Outcome of unwanted pregnancy (n=62)		
Gave birth	40	64.5
Induced abortion	22	35.5

5.3 Knowledge, attitude and practice on contraceptive methods of respondents

As shown in Table 3. Seven hundred fifteen (85.8%) of students have heard about regular modern contraception. Oral contraceptive pills (OCPs) were the most commonly known method by the respondents 572 (68.7%) followed by Injectable 148 (17.8%) and implants 147 (17.6%). Source of information were schools from teachers 384 (53.7%), health education by health workers 286 (40.0%), clubs and reading articles 254 (35.5%). Health workers were preferred source of information by 541 (64.9%) of the respondents, and followed by school teachers 219 (26.3%). Of the total 160 (19.2%) have ever used modern contraception and 14 (8.8%) of them had faced pregnancy while using contraceptive. From those who have had sexual intercourse 41 (16.9%) faced unwanted pregnancy.

Table 3. Knowledge and utilization of modern contraceptive methods among College Female students in Asella town; February 2007.

Characteristics	Number	percent
Ever heard about contraceptive		
Yes	715	85.8
No	118	14.2
Type of contraceptive heard (* multiple response)		
OCP	572	68.7
IUCD	60	7.2
Injectable	148	17.8
Implants	147	17.6
Condoms	22	2.6
No response	118	14.2
Source of information on contraception (n=715)		
School/class	384	53.7
Health workers H/Education	286	40.0
Clubs and Reading articles	254	35.5
Mass media (TV, Radio)	207	28.9
Family, Peers and religious leaders	178	24.9
Others	2	0.3
Preferred source of information		
Health workers	541	64.9
School	219	26.3
Mass media	179	21.5
Reading articles/news	119	14.3
Clubs	109	13.1

Others (peers, parents, religious leaders...)	156	18.7
No response	70	8.4
Ever used Contraceptive methods (n=715)		
Pills	117	14.0
Injectable	20	2.4
Implants	12	1.4
IUCD	7	0.8
Condom	4	0.5
Do not used	555	77.6
Pregnancy while using contraceptive (n=160)		
Yes	14	8.8
No	146	91.2
Ever faced unwanted pregnancy in live (n=243)		
Yes	41	16.9
No	202	83.1

Table 4 shows that of the total 228 (27.4%) have heard about EC. Of those who have heard Source of information about emergency contraceptives were 126 (55.3%) from health education given by health workers; from teachers education in the schools 40 (17.5%) and from mass media 30 (13.2%). Of those who have heard About EC 107 (46.9%) reported OCPs (Progestin only pill & combined oral contraceptive) and 54 (23.7%) IUCD were the methods they know used as emergency contraceptive. From the respondents who have heard about EC, 209 (91.7%) know the places where to get EC, 105 (46.1%) of them knows EC Is to be taken after unprotected sexual intercourse. About 72 (8.6%) knows OCPs is to be used with in 72 hours (3days) and 10 (1.2%) knows IUCD is to be used with in 120 hours (5 days) after unprotected sexual intercourse.

Table 4. Knowledge of emergency contraceptives among college female students in Asella town; February 2007

Characteristics	Number	Percent
Ever heard EC		
Yes	228	27.4
No	479	57.5
No response	126	15.1

Source of information on EC (n=228)		
From Health workers education In health institutes	126	55.3
Teachers in the school	40	17.5
Mass media (TV, radio...)	30	13.1
Peers/Friends	13	5.7
By reading articles/news	12	5.3
From clubs in the schools	7	3.1
Know EC used after unprotected sexual intercourse (n=228)		
Yes	105	46.1
NO response	123	53.9
Methods reported used as EC (n=228) **Multiple response		
OCP (Progestin Only Pill, Combined Oral contraceptive Pill)	107	46.9
IUCD	54	23.7
Others/incorrect (injection, implant, condoms,...)	110	48.2
Know Places where to get EC (n=228)		
Yes	209	91.7
No	19	8.3
Know correct timing of EC to be effective (n=228)		
OCP with in 72 hrs	72	31.6
IUCD with in 120 hrs/5days	10	4.4
NO response	146	64.0

As indicated in Table 5. Majority 434 (52.1%) have positive attitude to ideas making easy access/availing of EC for all females. Five hundred and twenty four (62.9%) have an intention to use EC in the future when need arises. Six hundred and thirty-four (76.1%) of the study subjects have responded willingness to advice their peers to use EC whenever they faced a problem. More than half of the students 457 (54.9%) believe that unintended sexual intercourse and 783 (94.0%) of them believe unwanted pregnancy are problems to all youth. The clinics in the college campus and health institutes nearby colleges were convenient to use EC only for 179 (21.5%) and the majority 476 (57.1%) of the respondents do not know whether the services were convenient or not. More than half of the respondents 446 (53.5%) believe that EC is effective to prevent unwanted pregnancy.

Table 5. Attitude to wards emergency contraceptives and unintended intercourse among college female students in Asella town; February 2007

Characteristics	Number	percent
Support idea of availing EC for all female		
Yes	434	52.1
Do not support	164	19.7
Do not know	228	27.4
No response	7	0.8
Intention to use EC in the future		
Yes	524	62.9
Not interested	99	11.9
Do not know	195	23.4
No response	15	1.8
Have intention to advice peers to use EC in case of problems		
Yes	634	76.1
Do not advice	105	12.6
No response	94	11.3
Unplanned sexual intercourse is a problem for all youth		
Yes	457	54.9
No	376	45.1

Unwanted pregnancy is a problem for all female		
Yes	783	94.0
No	50	6.0
In campus or near by health institute convenience to use EC		
Yes	179	21.5
Some times	23	2.8
No	146	17.5
Do not know	476	57.1
No response	9	1.1
Effectiveness of EC		
Yes	446	53.5
Do not know	332	39.9
No response	55	6.6

As shown in Table 6, from the respondents only 20 (2.4%) have used EC in their life time. The commonest EC method used were 13 (65%) OCPs and 3 (15%) have used IUCD. Seven (35%) of those who had used EC responded the correct time EC they have used. The remaining 13 (65%) could not mention the correct time they were given EC. About 18 (90%) of respondents practiced EC took it from government health institutes, and others took from pharmacies and private clinic.

Table 6. Practice of emergency contraceptive among college female students in Asella town; February, 2007

Characteristics	Number	percent
Ever Used EC		
Yes	20	2.4
No	813	97.6

Methods used as EC (n=20)		
OCPs	13	65.0
IUCD	3	15.0
Do not know/remember	4	20.0
Time EC were used (n=20)		
Correct	7	35
Do not remember	13	65
Place EC obtained (n=20)		
Government health institutions	18	90
Pharmacy	1	5
Private clinic	1	5

Factors associated with Knowledge, attitude and practice of EC among college female students.

Cross tabulation and Logistic regression analysis was carried out to determine the association between socio-demographic factors with knowledge, attitude and practice of EC among study participants. As shown on Table 7, students of age 20 and above years were more likely to have knowledge of EC than those age less than 20 years OR=1.7 (95%CI 1.3-2.4). The same association holds when adjusted. AOR=1.6 ((5%CI 1.1-2.3). Even though it had no statistical significance respondents living in town alone or peers had slightly more knowledge than those living in campus and with their relatives AOR =1.1 (95%CI 0.5-2.3). Students of health training colleges were more than five times more likely to have knowledge of EC than other college students OR=5.3 (95% CI 2.8-10.2). As years of study increased there was a relative increase on the knowledge of EC, OR=2.2 (95%CI 1.5-3.2) for year two students & OR=1.2 (95%CI 0.8-1.7) for year three students. Married respondents had more knowledge than single respondents Adj OR= 1.6 (95%CI 1.07-2.5). Followers of Muslim and Other religion were

more likely to have knowledge of EC than Orthodox religion followers AOR=1.5 (95%CI 0.99-2.2) & AOR= 1.7 (95%CI 1.04-2.8) respectively. Respondents of Oromo ethnic group were less likely to have knowledge of EC than Amhara ethnic group respondents AOR=0.98 (95%CI 0.5-1.3); while other ethnic groups (Tigre, Gurage & others) had more knowledge AOR=1.6 (95%CI 0.6-4.3). Respondents with one or two parents Government employee, traders and others were more than two times more likely to have knowledge of EC than students from peasant parents OR=2.4 (95%CI 1.6-3.5), OR=2.8(95%CI 1.8-4.3) and OR=2.2(95%CI 0.9-5.0).

Positive attitude towards EC was more among respondents aged 20 & above years AOR=1.2 (95%CI 1.2-2.1). Students living out of campus were more likely to have positive attitude as compared to those living in campus OR=2.2 (95%CI 1.3-3.8) for students living in alone or with peers and OR=1.5 (95%CI 0.8-2.7) for students living with their relatives. Students of health, agriculture & technical training college had more positive attitude than teachers training college AOR=1.4(95%CI 0.8-2.4) and AOR=1.02 (95%CI 0.6-1.6). Students of year II & III had more positive attitude than year I students in both crude & adjusted OR, AOR=2.6 (95%CI 1.8-3.6) and AOR=1.2 (95%CI 0.8-1.8) respectively. Married respondents were more likely to have positive attitude towards EC as compared to single respondents AOR=1.04 (95%CI 0.7-1.6). Orthodox & Muslim religion followers had similar positive attitude towards EC; while protestant, catholic & others had less positive attitude towards EC AOR=0.8 (95%CI 0.5-1.2). Respondents of Oromo and other ethnic groups were more likely to have positive attitude towards EC as compared to Amhara ethnic group AOR=2.5 (95%CI 0.7-9.4) and AOR=3.0 (95%CI 0.8-10.6) respectively. Respondents from trader parents were more than one times more likely to have positive attitude than students of peasant parents AOR=1.1 (95%CI 0.5-2.8), students of Government employee & other parents were less likely to positive attitude towards EC AOR= 0.98 (95%CI 0.4-2.3) & AOR= 0.8 (95%CI 0.3- 1.9).

Emergency contraceptive use was lower in the age group 20 & above compared to the younger age group AOR= 0.3 (95%CI 0.1-0.7). Students living in the campus & with parents had similar EC utilization pattern, but students living in town alone or with peers had practiced lower than living in campus AOR=0.7 (95%CI 0.1-4.7). Students in health, agriculture & technical training colleges had less practice as compared to teachers training colleges AOR=0.2 (95%CI 0.4-1.3) & AOR=0.4 (95%CI 0.1-1.2). Third year students had

practiced more than their juniors AOR=2.7 (95%CI 0.8-8.8). Married respondents practiced EC more than single respondents AOR=7.4 (95%CI 0.03-0.2). Muslim religion followers utilized EC more than Orthodox followers AOR=1.9 (95%CI 0.5-7.2); while protestant, catholic & others practiced less AOR=0.97 (95%CI 0.2-5.0). Respondents of Oromo ethnic group used EC more than Amhara AOR= 1.03 (95%CI 0.3-3.6). Students from government employee, traders & other parents were more likely to have knowledge EC than students of peasant parents AOR=2.4 (95%CI 1.8-3.3), similarly they have used EC more than students of peasant parents AOR=1.2 (95%CI 0.5-3.0).

Table 7 Socio-demographic Factors association with knowledge, attitude and practice of EC, among college female students in Asella town, February 2007.

Characteristics	Knowledge of EC		Attitude		Practices	
	Crude OR (95%CI)	Adjusted OR (95% CI)	Crude OR (95% CI)	Adjusted OR (95% CI)	Crude OR (95% CI)	Adjusted OR (95% CI)
Age						
15-19	1.00	1.00	1.00	1.00	1.00	1.00
20+	1.7(1.3-2.4)	1.6(1.1-2.3)	1.6(1.2-2.2)	1.2(1.2-2.1)	0.3(0.1-0.7)	0.3(0.1-0.7)
Current residence						
In campus	0.7(0.4-1.1)	1.1(0.5-2.3)	2.2(1.3-3.8)	1.6(0.8-3.0)	1.5(0.3-6.7)	0.7(0.1-4.7)
Live alone in town	0.8(0.4-1.5)	0.9(0.6-1.5)	1.5(0.8-2.7)	0.7(0.4-0.9)	1.3(0.2-7.2)	1.01(0.3-3.3)
Live with relatives						
Types of college						
Teachers	1.00	1.00	1.00	1.00	1.00	1.00
training	2.9(1.8-4.8)	5.3(2.8-10.2)	1.5(1.09-2.2)	1.4(0.8-2.4)	0.5(0.1-2.4)	0.2(0.4-1.3)
	5.8(3.2-			1.02(0.6-	0.2(0.05-	0.4(0.1-1.2)

Health training Agri & Technical	10.3)	2.1(1.3-3.4)	1.07(0.7-1.7)	1.6)	1.2)	
Year of study						
Year I	1.00	1.00	1.00	1.00	1.00	1.00
Year II	2.2(1.5-3.2)	0.9(0.6-1.4)	2.3(1.6-3.3)	2.6(1.8-3.6)	0.3(0.1-0.9)	0.9(0.3-3.2)
Year III	1.2(0.8-1.7)	0.5(0.3-0.7)	2.6(1.8-3.6)	1.2(0.8-1.8)	0.8(0.2-2.7)	2.7(0.8-8.8)
Marital status						
Never married	1.00	1.00	1.00	1.00	1.00	1.00
Ever married	1.6(1.05-2.4)	1.6(1.07-2.5)	1.1(0.7-1.7)	1.04(0.7-1.6)	0.08(0.03-0.2)	0.07(2.8-0.2)
Religion						
Orthodox	1.00	1.00	1.00	1.00	1.00	1.00
Muslim	0.8(0.5-1.2)	1.5(0.99-2.2)	1.2(0.8-1.7)	1.0(0.7-1.5)	1.9(0.5-6.5)	1.9(0.5-7.2)
Others	1.6(1.1-2.3)	1.7(1.04-2.8)	1.04(0.7-1.5)	0.8(0.5-1.2)	1.6(0.4-5.6)	0.97(0.2-5.0)
Ethnic group						
Amhara & Others	1.00	1.00	1.00	1.00	1.00	1.00
Oromo	0.5(0.3-0.9)	0.6(0.4-0.9)	0.7(0.5-1.1)	0.7(0.5-1.1)	1.0(0.3-3.5)	1.03(0.3-3.6)
Parents' occupation						
peasants employed, traders & Others	1.00	1.00	1.00	1.00	1.00	1.00
	2.5(1.8-3.5)	2.4 (1.8-3.3)	1.0(0.8-1.4)	1.0(0.7-1.4)	1.2(0.5-2.97)	1.2(0.5-3.0)

As shown on Table 8, Knowledge of EC was low among students who saw their menarche at age of 14 & above years than their younger AOR= 0.8 (95%CI 0.6-1.1). Students who practiced sex had more knowledge than those who did not practiced sex AOR=1.6 (95%CI

1.1-2.2). Students who faced forced sex had less knowledge of EC than those who did not faced forced sex AOR= 0.7 (95%CI 0.4-1.2). Similarly students who escaped from attempt of forced sex had less knowledge of EC AOR=0.9 (95%CI 0.7-1.3). Respondents who had ever used modern contraceptive methods were less likely to have knowledge of EC AOR=0.6(95%CI 0.4-0.9). Respondents who saw their menarche at age of 14 & above years had more positive attitude than those who saw before age 14 years AOR= 1.7 (95%CI 0.8-3.2). Students who practiced sex had more positive attitude than those who did not practiced sex AOR=1.1 (95%CI 0.6-1.8). Respondents who practiced sex by force had slightly more positive attitude to wards EC AOR=1.05 (95%CI 0.6-1.9). Students who had faced attempt of forced sex had more positive attitude AOR=1.6 (95%CI 1.2-2.2). Students who ever used modern contraceptive had less positive attitude to wards EC AOR=0.8 (95%CI 0.6-1.2). Emergency contraceptive use was less among students who saw their menarche at age of 14 & above years AOR=0.3 (95%CI 0.1-0.9). There was no practice of EC among students of who did not engage in the sexual intercourse. Respondents who have had sex by force have used less EC AOR= 0.3 (95%CI 0.09-0.8). Students who faced attempt of forced sex & escaped have used less EC AOR=0.5 (95% CI 0.2-1.5). In the same way there was less use of EC among respondents who ever used modern contraceptive AOR=0.02 (95%CI 0.005-0.12). The utilization of EC was more than two times high by students of parents Government employee, traders & others than students of peasant parents AOR=2.75(95%CI 1.06-7.1)

Table 8. Sexual reproductive health Factors association with knowledge, attitude and Practice of EC, among college female students in Asella town, February 2007.

Characteristic	Knowledge		Attitude		Practices	
	Crude OR	Adjusted	Crude OR	Adjusted	Crude OR	Adjusted OR

s	(95%CI)	OR (95% CI)	(95% CI)	OR (95% CI)	(95% CI)	(95% CI)
Age of menarche	1.00	1.00	1.00	1.00	1.00	1.00
11-13	0.8(0.6-1.1)	0.8(0.4-1.5)	1.1(0.8-1.5)	1.7(0.8-3.2)	0.5(0.2-1.2)	0.3(0.1-0.9)
14+						
Sexual practice	1.00	1.00	1.00	1.00	1.00	1.00
No	1.6(1.1-2.2)	1.6(1.1-2.2)	1.5(1.1-2.0)	1.1(0.6-1.8)	VSN**	VSN**
Yes						
Sex by force	1.00	1.00	1.00	1.00	1.00	1.00
No	0.7(0.4-1.2)	0.7(0.4-1.2)	0.9(0.5-1.6)	1.03(0.6-1.9)	0.4(0.1-1.1)	0.3(0.09-0.8)
Yes						
Attempt of forced sex	1.00	1.00	1.00	1.00	1.00	1.00
No	0.9(0.7-1.2)	0.9(0.7-1.2)	1.6(1.2-2.1)	1.6(1.2-2.1)	0.8(0.3-2.1)	0.5(0.2-1.5)
Yes						
Ever used contraceptive	1.00	1.00	1.00	1.00	1.00	1.00
No	0.6(0.4-0.9)	0.8(0.5-1.1)	0.8(0.6-1.2)	0.96(0.7-1.4)	0.02(.005-0.1)	0.02(.005-0.1)
Yes						
Convenience of H/I for taking	1.00	1.00	1.00	1.00	1.00	1.00

VSN**=Very small number (<5)

Result of qualitative study

To complement the finding of quantitative survey and to get insight of accessibility and providers' knowledge and attitude of EC service provision, in-depth interview were conducted.

The in-depth interview was focused mainly on assessing competence of the health professionals in working with youth reproductive health issues and convenience of the health institutes to provide SRH services specially EC.

To summarize the results of in-depth interview eight colleges included in the quantitative study did not have health service unit in their campus. One of the clinics to serve college students was located about 2 kilo meters away from the campus, in a separate area with adequate space and sufficient privacy. The other clinic situated with in the campus as part of other rooms which has no separate waiting area, adequate space, and with poor way of giving privacy. The hospital and health center MCH/FP units and NGO clinics have convenient rooms and privacy, but the location were not near the colleges except few of them.

In the college clinics SRH including FP services were not provided. One of the respondent replied "I never provide contraceptive since my religion does not permit me to do so". (protestant) and the other respondent working in other college due to in-convenient service delivery area, lack of supplies, no in-service training and shortage of man power they had no positive attitude to provide SRH services. The clinics offer treatment to mildly sick students during the working hours only. In the other health institutions SRH services including EC were provided, but students did not use it except in rare cases. This was because students were not informed about the availability of the services and no promotion/awareness raising work done in the colleges.

Concerning supplies for EC, all of the health institutions use regular contraceptive pills, except one NGO clinic had been given positron-2 in the past only once, currently not available.

There was only one staff in each of college clinic. Both of them were never given any form of in-service training on the issues of youth SRH. There were no guidelines for delivering RH services. No way of informing (IEC) the students about the services available in the clinics. The staffs in NGO clinics, hospital and health center MCH/FP units responded they were trained on SRH, including EC service provision and they were providing the services for their

clients coming to the health institutes and to their out-reach sites (rural), but they did not have special program to integrate youth SRH services with college students and even did not inform the students the availability of the services.

As shown in Table 9 scoring of quality of care for provision of RH/EC for college female students by health institutes found in Asella town. The grading of the health institutes was made using Judith Bruce quality of care framework. The clinics in the colleges have very low capacity to provide RH/EC service for their students; while the hospital, health center and NGO clinics have scored more than halve and seems relatively sufficient condition for the provision of RH/EC for the youth.

Table 9. Score of quality of care for RH/EC provision for college female students by health institutes in Asella town; February 2007

S No	Elements of quality of care	Score given to each health institute (0-1)						Average
		Asella H/I	Asella H/C	FGAE clinic	Marie-Stops clinic	TTC clinic	Agri-College clinic	
1	Choice of method**	0.33	0.33	0.66	0.33	0	0	0.27
2	Information given to clients	0.75	0.75	0.75	0.5	0	0	0.46
3	Technical competence	0.5	0.5	0.75	0.75	0.25	0.25	0.5
4	Interpersonal relations	0.75	0.75	1.0	1.0	0.5	0.25	0.71
5	Follow-up & continuity mechanisms	0.5	0.5	0.5	0.5	0	0	0.33
6	Appropriate constellation of services	0.75	0.75	1.0	0.5	0	0	0.5
Total score out of six		3.58	3.58	4.66	3.58	0.75	0.5	2.77

** Score 1-if provide: Standard EC, regular contraceptives, and IUCD.

6. Discussion

This study has tried to assess knowledge, attitude and utilization of contraception with special emphasis to EC and perception of unintended sexual intercourse and unwanted pregnancy among college female students in Oromia regional state, Asella town, South-East Ethiopia. Contribution of health professional in promoting emergency contraceptive service delivery for the youth or college students was considered.

Nearly 75% of respondents have had menarche at age of 14-16 years with mean age of 14.3 years. Inline with Similar study conducted among in school youth in Jimma town showed mean age of menarche 14.1years (27). Third of the participants have practiced sexual intercourse in their life time. This result is higher than similar study conducted on higher education students in Addis Ababa (15). This variation could be due to the difference in number of married females in which it was higher for this study(11.9%) while it was (4.5%) for the study in Addis Ababa. The result was lower than result of study conducted on Nigerian female undergraduates (4). Among respondents who practiced sexual intercourse 49.0% of them have had sex with-out the informed consent of the females (forced sex). Of the forced sex 52.1% resulted in unwanted pregnancy, 64.5% of the pregnancies continued to delivery, while 35.5% have gone to induced abortion. More than 31.8% of the abortions were under unsafe condition. Similar Study in Addis Ababa showed higher rate of unwanted pregnancy (73.5%), high rate of induced abortion (71.7%) and lower rate of unsafe abortion (29%) (15). The possible explanation for low rate of safe abortion, high rate of unsafe abortion and high rate of unwanted pregnancy and delivery in this study could be due to lack of health facilities with skilled human power, lack of awareness where to get safe preventive methods and economic problems made the respondents to take measures that threaten their life or darken their future carrier. Sexual violence was high (47.9%) in the period between 2004-2007. This shows that the magnitude of unintended sexual intercourse is also high. The result was slightly lower than other study findings in North-west Ethiopia, Debark among high school students was (65.3%) and South central Ethiopia, Meskan & Mareko district women (59%)

were suffering from sexual violence (29, 30). Although there was differences in the study period, area and subjects. This breaches the human right rule which states “to be free from, sexual violence” (21). This result indicates that there is low awareness of human right in the community and the process of empowering female was slow in the study area. On the other hand students living out of campus could also contribute to their exposure to violence. More than 35% of the respondents have been subjected to an attempt of forced sex (sexual harassment) and escaped one or more times in their live time. Similar result was reported from qualitative study done in four Universities in Ethiopia and Addis Ababa higher education students (15, 23). In this study the majority (85.6%) of the respondents reported that they have heard about regular modern contraceptive methods, similarly community based study in South Africa and Ethiopia showed high proportion of the study groups had some knowledge (4,19). Source of information was mainly from school teachers, Health education by health workers and clubs and reading articles/news on contraception. Oral contraceptive pill was the most widely known method (68.7%), followed by Injectable (17.8%) and implants (17.6%). The contraceptive ever use rate in this study was 19.2%. The finding was higher than similar study conducted in Addis Ababa higher education students (10%) and Ethiopian DHS (17.4%) ever use of modern methods (10 & 15). The variation could be due to higher marriage rate in this study and methodological variations. Even though there is methodological difference this result was lower than Oromia regional state health bureau report 22.5% & national CPR for Ethiopia 35.8% (12). Oral contraceptive pill was the most commonly used (14.0%), followed by Injectable (2.4%) and implants (1.4%). The prevalence of unwanted pregnancy was 16.9% among those who practiced sexual intercourse; lower than similar study conducted in Addis Ababa 73.5% (15).

More than twenty seven percent of the respondents have heard about emergency contraception. Main Source of information about EC was from health education by health workers in the health institutions (55.3%), and from teachers in the school (17.5%). In this study the main source of information was different from findings of a study in Addis Ababa in which the main source of information about EC was mass media and friends. This could be because of the respondents in this study were from rural areas (64.2%); where more than 78.6% women age 15-34 years have no access to mass media even once a week(10). Of those who had heard 31.6% know the correct timing for the first dose of oral emergency contraceptive pills administration with in 72hours (3 days) and 4.4% know the correct timing

of IUCD to be used within 120 hours (5 days) after unprotected sex. This result was higher than similar studies conducted in Nigeria, Mexico and Ethiopia (5, 15, and 17). Knowledge of emergency contraceptive was significantly higher among Health training College students 5.3 (2.8-10.2), than other training institutes and higher among those who knew about regular modern contraception methods. Knowledge of EC was also significantly high among students whose parents were government employee and traders than students whose parents were peasants. In this study Knowledge of EC was increased as age of the respondents' increases. Oral Emergency contraceptive pill was the most widely known and used emergency contraception 12.8% and 1.5% respectively. This finding corresponds to survey conducted in Addis Ababa and four regions in Ethiopia (15, 19). Of those who have heard 48.2% reported in correct methods not used as EC. This could be due to inadequate information they have got.

The respondents believe that unintended sexual intercourse and unwanted pregnancy is a problem for all youth 54.9% and 94.0% respectively. Of the students who responded unwanted pregnancy is a problem for all youth in addition they responded school interruption 59.5%, diseases or disabilities 14.8% and death 3.5% can be the possible complications that put the life of females in risk. This shows that the youth are aware of the possible outcomes of unintended sex & unwanted pregnancy and ready to take measures if sufficient information given and services related to their need are available. Most of the respondents 62.9% had positive attitude towards the use of EC. This result was higher than the finding in Addis Ababa higher education 52.6% and the findings among post abortion care seekers in Addis Ababa 42.9% (15 & 26). Since most of the respondents in this study 72.6% have not heard about EC; they did not understand clearly the benefits of EC. The responses they have given might be more of guesses. The local conditions available and the gap between the study periods could also contribute to the variation. More than 52.1% of respondents support the idea of availing EC for all females, so that any female facing problem of unprotected sexual intercourse can obtain EC easily and use it without delay waiting for prescription and special dispensers; and about 76.1% of them have reported willing to advise friends to use EC whenever they faced problem of unprotected sex.

Very small proportion of respondents had ever used emergency contraception (2.4%). This result was lower than similar findings among students of higher education conducted in

Jamaican university and Addis Ababa higher education students. Since awareness of emergency contraceptives was low, no access to information, no IEC program from near by health institutions, limited knowledge of service providers especially in the campus clinics and unfriendly service provision might be the possible justifications for low use rate. More than half of the respondents do not know whether the service in the campus or near by health institutions were convenient to use EC and 17.5% responded not convenient. The result from qualitative survey also reveals that there was no favorable condition for the youth to get information or use EC.

7. Strengths and Limitations of the study

7.1 Strengths

- Students of ten (all) colleges in Asella town were included to make the study representative of Oromia regional state government students/youth; since respondents were from all Oromia regions.
- To obtain reliable data and ensure confidentiality experienced health professionals/ college instructors were employed and trained to instruct data collection processes.
- High response rate (100%).
- Triangulation of methods
- Different strategies of quality control considered.
- Only females were included in the study, Since females are the most vulnerable and victims of sexual violence; the consequences of Unplanned Sexual intercourse; Unplanned or unwanted pregnancy.

7.2 Limitations

- ❖ The data was collected only from youth in colleges. In the country where only small proportion of youth got chance of joining college/ school, the result has limited power to be generalized to all youth in the study area and may overestimate the result.

- ❖ Non-probability sampling technique was applied to draw the required number of sample size for qualitative study, which does not permit generalization and is not representative of the source population.

- ❖ Self-reported information is subjected to reporting errors, missed values & biases. Since the study touches sensitive issues the possibility of underestimation can not be excluded, even though the study was anonymous.

8. Conclusions and Recommendations

8.1 Conclusions

- In this study awareness of regular modern contraceptive was high, but since there is in adequate knowledge and provision; utilization remained low.
- Awareness as well as knowledge and utilization of emergency contraceptive was low.
- Knowledge of EC was relatively high among health training college respondents, but not sufficient since they are expected to provide the service in near future.
- Main source of information was from health professionals, but some of them were not trained / incompetent or in accessible and service provision was not friendly.
- IEC program on sexual and reproductive health for adolescent by health institutions was almost none.
- Positive attitude of the respondents could be an indication of fertile environment for possible interventions.
- Nearly half of sexual intercourses were forced sex, which resulted in to high number of unwanted pregnancy. This could have been prevented if the respondents have adequate knowledge of contraceptives including EC. In the same way unsafe abortion was high which could have been prevented, but still contributing for the high maternal morbidity and mortality.

8.2 Recommendations

Since the trainees are to be distributed in the community after completing their training; preparing and equipping them with necessary knowledge of sexual and reproductive health will help to disseminate information widely in the community in a sustainable way in addition to protecting themselves.

Hence

- ☞ Strengthening IEC in colleges on sexual reproductive health, with special emphasis to different family planning methods including emergency contraceptive will be a life saving procedure for youth, females and providing continuous education to the community.
- ☞ Collaborated effort between service provider health institutes and colleges is paramount importance.
- ☞ To make health professionals in colleges and others competent to provide quality SRH services; in-service training (updating their knowledge) needs attention.
- ☞ As the rate of unintended sexual intercourse and unwanted pregnancy were high emergency contraception should be given a considerable attention in family planning counseling as a backup service to solve short coming problems of females.
- ☞ Making EC methods especially ECPs to be available at all points of drug dispensing institutes including private, NGO, Government...etc pharmacies, clinics and community based distribution agents and Facilitating conditions to distribute or sell with-out prescription, but after sufficient training and information for both dispensers and clients could be helpful.

- ☞ To raise client's skills on SRH issues IEC materials like pamphlet, news papers, posters...etc should be available in all libraries of colleges, Health institutes and other accessible areas.

- ☞ Gender-based violence against females is high and serious public health problem, which calls for collaborated efforts to have wide spread public education and law enforcement to protect girls and women and training of girls to acquire essential skills of sexual reproductive health.

- ☞ Further research on knowledge & attitude of providers and male partner and follow-up study on KAP of all females on emergency contraception provision and utilization could be important to strengthen the service.

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10. Annex

10.1 verbal consent

Addis Ababa university Faculty of Medicine Department of community health self administered questionnaire to be filled by female college students in Asella town. Informed verbal consent form before conducting filling the questionnaire (guide for the respondents)

To improve the health of females, understanding of the existing health problems and related behaviors of these populations is essential. Owing this, this study is designed to assess the level of awareness and utilization of emergency contraception among female college students. You are chosen to participate in this study. The choice of the class and an individual was done randomly using a type of lottery.

The purpose of this study is to generate important information about knowledge, attitude and utilization of emergency contraception and magnitude of unintended sexual intercourse and factors influencing the utilization of emergency contraception to improve future reproductive health program interventions.

These study questions will involve various personal and sexual issues of individuals. I assure you that all your response will be completely confidential and none of your response will be reported separately to any body. Therefore, there is no need to write your names on these survey papers. It is your full right to participate or refuse in the study. However, I kindly request your kind and good will to participate in the survey in order to attain its goal (Benefit the existing and future generation). So are you willing to stay with us for few minutes to answer the questions?

Yes No

Put "X" mark in the box you chosen. If yes go to the next page. If no stay on your seat until others finish.

Thank you!

10.2 Questionnaire

Addis Ababa University
Medical Faculty
Department of community Health

This questionnaire is designed to assess Knowledge, Attitude, and Level of utilization of emergency contraception among college students. All the respondents are kindly requested to fill all the questions below. Your genuine answer is of paramount importance to the outcome of the research and that all the answers and your identity are kept anonymous. If you need clarification you can communicate with the facilitator available.

Thank you in advance!

Part-I Socio- Demographic Characteristics of respondents

Put “X” sign in front of your responses

Name of your college _____

S.No	Questions	Responses	Code
Q101	How old are you? Years completed.	_____years(write the number)	
Q102	What is your ethnic group?	1.Amhara _____ 2. Oromo _____ Gurage _____ Tigrie _____ if other specify _____	
Q103	What is your religion?	Orthodox _____ 2. Muslim _____ Catholic _____ Protestant _____ 5. No affiliation _____ If other specify _____	
Q104	Marital status	Never married/single _____ married _____ divorced _____	

		widowed _____ separated _____ 6- Mention if other _____	
Q105	Number of children you have	1. none _____ 2. one _____ 3. two _____ 4. three or more _____	
Q106	Where do you live?	1. In campus _____ 2. Outside campus _____ → Skip to Q107	I
Q107	If your response to question Q106 is #2 with Whom do you live now?	1. with parent(father, mother & others) _ 2. With peers in rental house _ 3. Alone in rental house _ 4. with boy friend _____ 5. with husband _____ 6. If other specify _____	
Q108	What is your parents' occupation?	1. both peasant _____ 2. both employee _____ 3. both traders _____ If other Father _____ Mother _____	
Q109	What is your department?	Write name of dep _____	
Q110	In which year of study are you?	1. year one _____ 2. year two _____ 3. year three _____ 4. if other _____	
Q111	Where is your origin of residence?	Asela town _____ other District _____ If from other Zone or region _____	

Part-II Reproductive History of Respondents

S.NO	Questions	Responses	Code
Q201	At what age you saw menarche?	When I was _____ years old. if other _____	
Q202	Do you have any sexual experience?	1. Yes _____ 2. No (skip to Q204) _____	
Q203	If yes to Q 202 was your first sexual intercourse by your consent	1. Yes _____ 2. No _____	
Q204	If No to Q203 who forced you to have sexual intercourse?	Yes No student friends _____ Teacher _____ A relative in the parents _____ Unknown person _____ Specify if other _____	
Q205	Where was you are forced to have sex?	Yes No In the school _____	

		On the way to my home ___ __ In the dormitory ___ __ In hotel ___ __ In my home ___ __ I don't know the place ___ __ Mention if other _____ → skip to Q206																																		
Q206	When was you are forced to have sex intercourse?	In the year 19__ /200_.																																		
Q207	If encountered forced sex what was the mechanism used to force you?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Hit me</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>2. Point sharp instrument</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>3. Point a gun</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>4. Made me drink</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>5. Gave me drug with alcohol</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>6. Smoke drug on me</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>7. To give me answer/copy/ in exam /student</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>8. To give me pass mark/teacher</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>9. To support me with money</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>10. Specify if other _____</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1. Hit me	___	___	2. Point sharp instrument	___	___	3. Point a gun	___	___	4. Made me drink	___	___	5. Gave me drug with alcohol	___	___	6. Smoke drug on me	___	___	7. To give me answer/copy/ in exam /student	___	___	8. To give me pass mark/teacher	___	___	9. To support me with money	___	___	10. Specify if other _____			
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10. Specify if other _____																																				
Q208	Do you become pregnant after forced intercourse?	Yes _____ No _____ → skip to Q208																																		
Q209	If yes to Q207 how did you solved the problem?	1. I continued pregnancy and gave Birth _____ 2. Induced abortion by local person _____ Induced abortion by my self _____ Induced abortion by health worker specify if other _____																																		
Q210	Have you ever been forced into unintended sexual intercourse and escaped?	Yes _____ No _____ → skip to Q210																																		
Q211	If yes to Q209 how frequent you have faced?	one time _____ two times _____ more than three times _____																																		
Q212	When was you have escaped from trial forcing you to have unintended sexual intercourse?	1. In the year 19__ /200_ _ 2. Do not remember																																		

Part-III. Respondents knowledge and Utilization pattern of Emergency Contraception.

S.No	Questions	Responses	Code																														
Q301	Do you know about contraceptives?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Pills</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>2. IUCDs.</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>3. Injection</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>4. Norplant.</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>5. condoms</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>6. Others</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </tbody> </table> <p>skip to Q 302</p>		Yes	No	1. Pills	—	—	2. IUCDs.	—	—	3. Injection	—	—	4. Norplant.	—	—	5. condoms	—	—	6. Others	—	—										
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Q302	If yes to Q301 from where you got the information?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>From health workers education</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>from friends/peers discussion</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>from teachers in the class</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>from clubs in the schools</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>From parents</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>From religious leader</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>From mass media (TV, Radio)</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>By reading articles/news</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>if other specify _____</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	From health workers education	—	—	from friends/peers discussion	—	—	from teachers in the class	—	—	from clubs in the schools	—	—	From parents	—	—	From religious leader	—	—	From mass media (TV, Radio)	—	—	By reading articles/news	—	—	if other specify _____			
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Q303	Where do you feel comfortable to get information on contraception?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Health workers education</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Friends/peers discussion</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Teachers in the class</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Clubs in the schools</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>parents</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Religious leader</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Mass media (TV, Radio...)</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Reading articles</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>if other specify _____</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Health workers education	—	—	Friends/peers discussion	—	—	Teachers in the class	—	—	Clubs in the schools	—	—	parents	—	—	Religious leader	—	—	Mass media (TV, Radio...)	—	—	Reading articles	—	—	if other specify _____			
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Q304	Have you ever used contraception?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Pills</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>2. Injectable</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>3. Implants</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>4. IUCD</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>5. Condoms</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>6. Calendar methods</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>7. Withdrawal</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>8. Tubal ligation</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>99. Others</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </tbody> </table>		Yes	No	1. Pills	—	—	2. Injectable	—	—	3. Implants	—	—	4. IUCD	—	—	5. Condoms	—	—	6. Calendar methods	—	—	7. Withdrawal	—	—	8. Tubal ligation	—	—	99. Others	—	—	
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		→ skip to Q305	
Q305	If yes to Q304 from where you get the contraceptives?	From pharmacy _____ From shop _____ From health institution _____ from friends _____ youth center _____ specify if other _____	
Q306	Did you ever have unintended/unwanted pregnancy?	1. Yes _____ 2. No _____	
Q307	Do you know how to prevent unwanted pregnancy after unprotected sexual intercourse?	Yes _____ No _____ → skip to Q308	
Q308	If Yes to Q307 what are the methods used to prevent unwanted pregnancy?	Yes No	
		1. Pills _____ 2. Injection _____ 3. condoms _____ 4. IUDs _____ 5. Norplant _____ 6. Sterilization _____ 7. Withdrawal _____ 8. Calendar method _____ 9. Abstinence _____ 10. specify if other _____	
Q309	Did you have faced unwanted pregnancy while using contraceptive?	1. Yes _____ 2. No _____ → skip to Q 310	
Q310	If yes to Q309 what was the reason for unwanted pregnancy?	Yes No	
		1. being student _____ 2. I have no job _____ 3. abandoned by my partner _____ 4. extramarital affair _____ 5. marital disharmony _____ 6. too many children _____ 7. rape _____ 8. incest(impregnated by relative) _____ 9. HIV positive _____ 10. if other _____	
Q311	Have you ever heard about emergency contraception?	Yes No	
		1.OCP _____ 2. IUCD _____ 3. Injectable _____ 4. Implant _____ 5. Others _____ → skip to Q312	

Q312	From where do you have heard about emergency contraception?	<p style="text-align: right;">Yes No</p> From health workers education/clinic __ __ from friends/peers discussion__ __ from teachers in the class __ __ from clubs in the schools __ __ From parents __ __ From religious leader __ __ From mass media (TV, Radio)_ __ By reading articles/news __ __ if other specify _____	
Q313	Do you know from where emergency contraception can be obtained?	<p style="text-align: right;">Yes No</p> From health institutions __ __ from private clinic __ __ Pharmacy __ __ Shop __ __ specify if other _____	
Q314	As your information when should emergency contraceptive used?	<p style="text-align: right;">Yes No</p> After unprotected sexual intercourse __ __ when unwanted pregnancy occurred __ __ As an ongoing contraceptive __ __ Do not know __ __ specify if other _____	
Q315	Do you know when emergency contraceptive pills will be effective?	<p style="text-align: right;">Yes No</p> within 72 hours __ __ within 120hours/5days __ __ I don't know the time __ __	
Q316	Which methods do you know used as emergency contraceptive?	<p style="text-align: right;">Yes No</p> 1. Pills __ __ 2. Injection __ __ 3. condoms __ __ 4. IUCDs __ __ 5. Norplant __ __ 6. Sterilization __ __ 7. Withdrawal __ __ 8. Calendar method __ __ 9. Abstinence __ __ 10. I don't know __ __ 99. specify if other _____	
Q317	Do you know when IUCD will be effective as an emergency contraceptive?	within 72 hours __ __ within 120hours/5days __ __ 3. I don't know the time __ __	
Q318	How effective is emergency	<p style="text-align: right;">Yes No</p>	

		Parents _____ Fear of side effects of methods _____ Unavailability of methods _____ Lead females to prostitution _____ Friend do not agree _____ Fear of HIV/AIDS _____ Mention if other _____																						
Q335	Who do you like /recommend providing emergency contraceptive services?	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Health workers/Doctors, Nurse</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>peers</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Community health workers</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Pharmacists/pharmacy workers</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>specify if other _____</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Health workers/Doctors, Nurse	_____	_____	peers	_____	_____	Community health workers	_____	_____	Pharmacists/pharmacy workers	_____	_____	specify if other _____						
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specify if other _____																								
Q336	Do you know how many oral contraceptives pills are used to prevent unwanted pregnancy?	(write the number of pills taken once) Postinor-2 _____ Pills(write the number if you know) Progestin-only pill _____ pills Combined pill _____ pills Do not know																						
Q337	Is emergency contraceptives issue included in your curriculum?	1. Yes _____ 2. No _____ 3. Do not know _____																						
Q338	Do you think unintended/unplanned sexual intercourse is problem of all young females?	1. Yes _____ 2. No _____ 99. specify if other _____																						
Q339	Do you think Unwanted pregnancy is a problem for young females?	1. yes _____ skip to Q340 2. No _____ 3. Do not know _____																						
Q340	If yes to Q339 What is the problem that can happen?	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. School interruption</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2. Diseases(disabilities)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>3. Death</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>4. separation from family</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>5. I don't know</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>99. Specify if other _____</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1. School interruption	_____	_____	2. Diseases(disabilities)	_____	_____	3. Death	_____	_____	4. separation from family	_____	_____	5. I don't know	_____	_____	99. Specify if other _____			
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Univeersitii Addis Abbabaa
Faakkaalittii waldhaansaatti
Dipaartimeentii Fayyaa hawaasaa

Birqaba Gaafilee

Universitii Addis Abbabaa Faaakkaalittii waldhaansaatti dipaartiimeentii fayyaa haawaasaa gaafilee shamareen barattota kollejiwan magaalaa Asallaa keesa barataa jiranin kan gutamu.

Tajaajila fayyaa shamareeni foyyessuf, rakkoolee fayyaa dhima walqunamtii nafasaalaa tasaa fi hala dawaalee dhima kanaaf oolan gadi-fagenyaan qoratan hubachun barbaachsaa dha.

Kanaafu qoranoon sadarkaa beekumsa, illaalchaafi ittifayadama dawa qusano maattii yaroo ariiti shamareenif gargaaru fi dhimmota keeninsa tajaajila kanaa gufachisu malan qorachuuf qoranoon kuni qophaa'eera. Isinis qoranoo kanaaf caraadhaan filatamtanii jirtu.

Gaafileen qoranoo kanaa dhimolee dhunfaa(icciti) kan illaala waan ta'anif deebin isin keenitan hundi iccitin kan qabamufi qaama biraatif dabarfamee akka hinkeenamnee yomirkanesu, deebi keenitan irratti maqaa keesan barreessuun hinbarbaachisu.

Qoranoo kana keesati hirmaachuun fedhi irratti kan hundaa'ee ta'a. Hirmaachu fi dhisuuf mirgi keessan kankabajamee dha. Haata'u malee galmaan ga'umsa kaayoo qoranichaatiifi fooya'insa tajaajila fayyaa shamareenitif jecha hirmaanaan keesan murteesaa waan ta'eef akka gaafileedhaaf deebi keenudhaan hirmaatan kabajaani gafatamtan.

Kanaaf qoranoo kana keessatti hirmaachuf fedhi keessanii?

Eeyyee Miti Deebi kee mallattoo "X" galchudhaan mirkaneesi.

Yoo deebin kee eeyyee ta'ee gara fuula itti annuti dabri. Yoo deebin kee miti ta'e hanga shamareen gutaan jiran xumuranit waraqaa gaafichaa gadi garagalchitani iddoo taa'uumsa keesan irratti turaa.

Galatoomaa !

Gaafilee

Kutaa-I Haala-maalummaa dhunffaa ilaalu (socio-demography)

		99. Kan biraa yoo ta'ee ibsi Abbaan _____ Haarmeen _____
G109	Gostti leenji keettii maali?/dipaartimeentii/	Maqaa barresi _____
G110	Waggaa meeqaaffaa barachaa jirta?	Eyyee Mitti 1) 1 ^{ffaa} _____ 2) 2 ^{ffaa} _____ 3) 3 ^{ffaa} _____ 99. kan biraa yoo ta'ee ibsi _____
G111	Barumsaaf eesarraa dhuftee?	Eyyee Mitti 1. Maggaalaa Asallaa _____ 2. Aannaa biraa irraa(Arssi) _____ 99. Gara biraa irraa yoo ta'ee ibsi _____

Kuttaa-II Odeeffannoo waa'ee hormaataa

<i>Lakk</i>	<i>Gaafiilee</i>	<i>Deebii ta'u malan</i>
G201	Umriin kee waggaa meeqa iratti daraaraa ji'a (laggu, ¾` >uv) duraa argite?	1.waggaa _____ (lackofsaan bareesi) 99. Kan biraa yoo ta'ee ibsi _____
G202	Walquunamtii saalaa gotee beektaa?	1. Eyyee _____ gara G 203 tti dabri 2. hinbeeku _____ gara G209 tti dabri
G203	Yoo deebiin kee G202 "eeyyee"yoo ta'ee walquunamitii saalaa kan gotee feedhi keetin turee?	1. Eyyeegara G210 tti dabri 2. Miti _____ gara G204 tti dabri
G204	Deebiin kee G203 "miti" yoo ta'ee eenyutu walquunamti saalaa akka gotu sidirqisisee?	(<i>deebii tokko oli qabaachu nidanda'a</i>) Eyyee Mitti 1. Hiriyoota kiyya barattoota _____ 2. Barsisaa kiyya _____ 3. Nama mana kessa wajjin jiraanu _____ 4. Nama ani hinbeeknee _____ 99. Kan biraa yoo ta'ee ibsi _____
G205	Walquunamtii saalaa akka gotu kan sidirqisisee eesatii ture?	(<i>deebii tokko oli qabaachu nidanda'a</i>) Eyyee Mitti 1. Mana barumsaa keesatii _____ 2. Karaa mana barumsaa irratii _____ 3. Koolleejji kessati eeddo cisichaa (dormitory) _ 4. Hotela kessatii _____ 5. Mana kiyya kessati _____ 6. Eddoo isaa hinbeeku/hinyaadadhu. _____ 99. Kan biraa yoo ta'ee ibsi _____
G206	Walquunamtii saalaa akka gotu kan sidirqisisan yoomi?	Bara 19_ _ ALI (Lakkofsaan barresi)
G207	Walquunamti saalaa akka gotu maaliin sidirqisisan?	(<i>deebii tokko oli qabaachu nidanda'a</i>) Eyyee Mitti 1. Nadhahudhaan _____ 2. Meeshaa qara qabun _____ 3. Qawee/shuguxi dhaan _____ 4. Namacheesu dhaan _____ 5. Qorichaa fi dhugaatii na'obaasudhaan _____

		6. Qoricha nati arsuu dhaan _____ 7. Deebi qormaataa naakeenudhaaf/Barataa ____ 8. Qabxi kutaa dabrsuu naakeenudhaaf/ barsisaa _____ 9. Malaqaan naqarqaarudhaaf _____ 99.Kanbiraa yoo ta'ee ibsi _____
G208	Dirqisisani walqunamtii saalaa eerga goteen booda ulfooftee beektaa?	1. Eeyyee _____ gara G 209 tti dabri 2. Hinbeeku _____
G209	Deebin G208 "eeyyee" yoo ta'ee rakkina sirrattii gahe akkamitiin hiktee?	Eyyee Mitti 1. Ulfa itti fuufeen dahee _____ 2. Namoota ganda kessa ulfa baasanin ooffiraa baasissee _____ 3. Ooffii kiyaan ulfi akka naraa bahun godhe _____ 4. Ogeesa fayyaatin ulfa ooffiraa baasissee _____ Kan bira yoo ta'ee ibsi _____
G210	Walqunamtii saalaa akka gotu dirqisifamtee haarkaa miliqixee beektaa?	1. Eeyyee _____ gara G211 tti dabri 2. Hibeeku _____
G211	Deebiin G210 "eeyyee" yoo ta'ee yeroo meeqa rakkon akkanaa siqunamee beeka?	Eyyee Mitti 1. Yeroo tokko _____ 2. Yeroo lama _____ 3. Yeroo sadi fi sanaa oli _____
G212	Yaaln dirqisisaani guddedu kan sirrati godhame yoomi?	Bara19_ _ ALI. (Lakkofsaan barresi) Hinbeku/hinyadadhu _____

Kutaa- III Beekumsa, ilaalchaa fii haala itti fayyadama karoora maatii ariiti
(Emergency contraceptive)

<i>Lakk</i>	<i>Gaafiilee</i>	<i>Deebii ta'u malan</i>
G301	Waa'ee karoora maatii beektaa?	1. Eeyyee _____ gara G302 tti dabri 2. Hinbeekugara G303 tti dabri
G302	Deebiin G301 "eeyyee" yoo ta'ee odeefanno/barumsa/ eesa irraa argate?	(<i>deebii tokko oli qabaachu nidanda'a</i>) Eyyee Mitti 1. Barumsa ogeessa fayyaa irraa _____ 2. Hiriyoota koo irraa _____ 3. Mana barumsaa/barsisaa/ irraa _____ 4. Gummiwan mana barumsaa kessaa _____ 5. Maatii kiyya irraa _____ 6. Abbooti amantaa irraa _____ 7. Oduu televiziyiinii ykn raadiyoo irraa _____ 8. Barulee dubisuudhaan _____ 99. Kan biraa yoo ta'ee ibsi _____
G303	Oddefanno karoora maatii argachuf eedon mijaawaa eessa sitti fakaata?	(<i>deebii tokko oli qabaachu nidanda'a</i>) Eyyee Mitti 1. Barumsa ogeesa fayyaa irraa _____ 2. Hiriyoota irraa _____ 3. Mana barusaa/barsisaa irraa _____ 4. Gummiwan mana barumsaa keesaa _____ 5. Maatii kiyya irraa _____ 6. Abbooti amantaa irraa _____ 7. Oduu televiziyiinii ykn raadiyoo irraa _____

		8. Barulee dubisudhaan _____ 99. Kan biraa yoo ta'ee ibsi _____
G304	Mala (dawaa) karoora maatiittin fayadamte beektaa?	1. Eeyyee _____ gara G305 tti dabri 2. Hinbeeku _____
G305	Deebiin G304 "eeyyee" yoo ta'ee dawaa karoora maatii eessa irraa argate?	(<i>deebii tokko oli qabaachu nidanda'a</i>) Eyyee Mitti 1. Farmaasii irraa _____ 2. Suuqii irraa _____ 3. Dhaabata fayyaa irraa _____ 4. Hiriyoota irraa _____ 5. Dhaabata dargaggoo irraa _____ 99. Kan bira yoo ta'ee ibsi _____
G306	Ulfi atti hinbarbaanee siqunamee beekaa?	1. Eeyyee _____ 2. Hinbeeku _____
G307	Ulfa hinbarbaadamnee walqunamtii saalaa tasaa irraa dhufu akkamitin akka offiraa ittistu beektaa?	1. Eeyyee _____ gara G308 tti dabri 2. Hinbeeku _____ gara G311 tti dabri
G308	Deebiin G307 "eeyyee" yoo ta'ee mallii(karaan) ulfa hinbarbaadamnee walqunamti sala tasaan dhufee itti ittifamu maalii?	(<i>deebii tokko oli qabaachu nidanda'a</i>) Eyyee Mitti 1. Dawaa karoora maatii kan liqimsamu _____ 2. Dawaa karoora maatii lilmoon waraanamu _____ 3. Kondomitti fayadamu _____ 4. Dawaa gadameessa kessatti kaawamun _____ 5. Dawaa ciqilee kessa awaalamun _____ 6. Da'umsa hanga dhumaattii dhisu (ujjummoo Hidhu) _____ 7. Yeroo walqunamti saalaa ijja sanyi dhiiraa qaama dhalaattin ala dhangalaasun. _____ 8. Guyyooti itti ulfa hinta'amneeti fayadamu _____ 9. Walqunamtii saalaa yeroo murtaa'eef dhaabu _____ 99. Kan biraa yoo ta'ee ibsii _____
G309	Dawaa karoora maatii ossoo fayadamtu ulfoofte beektaa?	1. Eeyyee _____ gara G310 tti dabri 2. Hinbeeku _____

		<p>5. Dawaa ciqilee kessa awaalamu ___ ___</p> <p>6. Da'umsa hanga dhumaati dhisu/ ujjumoo hidhu ___ ___</p> <p>7. Ija sanyi dhiraa qaama dhalaatin ala dhangalaasu ___ ___</p> <p>8. Guyyooti itti ulfi hinumamneti Fayyadamu ___ ___</p> <p>9. Guyyooti muraasaaf walquunamti dhiisu ___</p> <p>10. Hinbeeku ___ ___</p> <p>99. Kan bira yoo ta'ee ibsi ___</p>
G317	Walquunamti saalaa tasaan booda dawaan karoora maatii gadameesa kessa kaawamu yoom yoo itti fayyadaman ulfa hinbarbaadamnee ittisu danda'a?	<p style="text-align: right;">Eyyee Mitti</p> <p>1. Sa'atti 72 kessatti ___ ___</p> <p>2. Sa'attii 120/guyyaa 5/ kessatti ___ ___</p> <p>3. Yeroo isaa hinbeeku ___ ___</p>
G318	Faayidaan dawaan karoora maatii ariiti ulfa hinbarbachfnee ittisu dubarttotaaf hangam barbaachisaa jatee yaadaa?	<p style="text-align: right;">Eyyee Mitti</p> <p>1. Baayyee barbaachisaa dhaa ___ ___</p> <p>2. Faayidaa hinqabu/hinbarbaachisu ___ ___</p> <p>3. hinbeeku ___ ___</p>
G319	Dawaa karoora maatii ariitiin fayadamte beekta?	<p>1. Eyyee _____ gara G321 tti da bri</p> <p>2. Hinbeeku _____ gara G320 tti dabri</p>
G320	Deebiin G319 "Hinbeeku" yoo ta'ee maalif itti fayadamu dhabdee?	<p>(deebii tokko oli qabaachu nidanda'a)</p> <p style="text-align: right;">Eyyee Mitti</p> <p>1. Ogeesoni fayyaa keennuf fedhi hinqaban ___ ___</p> <p>2. Eessaa akka argamu hinbeeknee ___ ___</p> <p>3. Dawaan hinargamu/Hinjiru ___ ___</p> <p>4. Yeroon tajaajjili itti keenamu mijaawaa miti ___ ___</p> <p>5. Iccitiin hin-eegamu(dhaabata fayyaa kessati) ___ ___</p> <p>6. Dhaabani fayyaa fagoo waan ta'eef ___ ___</p> <p>7. Sodaa jeecha namootaa ___ ___</p> <p>8. Dawaan jiraachuu hinbeeku ___ ___</p> <p>9. Nahinbarbaachifne(rakkon nahinqunamne). ___ ___</p> <p>99. Kan biraa yoota'ee ibsi _____</p>
G321	Deebiin G319 "eeyyee" yoo ta'ee walquunamti saalaa tassaatin booda dawaan karoora maatii ariiti kamin fayyadamtee beekta?	<p style="text-align: right;">Eyyee Mitti</p> <p>1. Dawaan karoora maatii liqimsamun ___ ___</p> <p>2. Dawaa gadameesa kessa kaawamun ___ ___</p> <p>3. hinyaadadhu /hinbeeku ___ gara G322 tti dabri</p>
G322	Dawaa G321 irratti itti fayyadamtee walquunamtii saalaan booda yeroo hangam kessati fudhatee?	<p>1. Sa'atti _____ booda. (lack. bareesi)</p> <p>2. guyyaa _____ booda</p> <p>3. Hinbeeku _____</p> <p>99. Kan biraa yoo ta'ee ibsi _____</p>
G323	Dawaa G321 irratti ibsamee yoo itti fayyadamtee jiraatee yeroo meeqa fudhatee beekta? (irra deddebitee)	<p>1. Yarroo _____ (lakkofsaan bareesi)</p> <p>2. hinbeeku/hinyaadadhu. ___ gara G325 tti dabri.</p>
G324	Dawaa karoora maatii ariitittin akka fayyadamtu eenyutu sitti himee?	<p>(deebii tokko oli qabaachu nidanda'a)</p> <p style="text-align: right;">Eyyee Mitti</p> <p>1. Hiriyoota durbaa ___ ___</p> <p>2. Kaadhimaa kiyayaa ___ ___</p>

		3. Ogeesa fayyaa _____ 4. Maatti kiyya _____ 99. Kan biraa yoo ta'ee ibsi _____
G325	Tajaajilli kilinikii kollejjii keesani ykn dhaabata fayyaa dhiyoo kessan kessati keenamu dawaa karoora maatii ariiti fudhachuf mijaawaa dhaa?	1. Eeyyee _____ 2. Yarroo tokko-tokko _____ 3. Miti _____ gara G326 tti dabri 4. Hinbeeku _____
G326	Deebiin G325 "miti" yoo ta'ee rakkoon jiru maali?	(<i>deebii tokko oli qabaachu nidanda'a</i>) Eyyee Mitti 1. ogeesoni fayyaa fedhi hinqaban _____ 2. Ogeeson fayyaa ga'umsa hinqaban _____ 3. Hirdhina dawaa _____ 4. Yeroon tajaajilli ittikenamu mijaawaa miti _____ 5. Iccitin hin-eegani _____ 6. Dhaabbanni fayyaa fago waan ta'eef _____ 99. Kan biraa yoo ta'ee ibsi _____
G327	Yaada "dawaan karoora maatii ariiti dubartooni hunddi salphaan argachu qabu" jedhu nidegartaa?	1. eeyyee _____ gara G328 tti dabri 2. Hindeegaruu _____ gara G329 ttidabri 3. hinbeeku _____
G328	Deebiin G327 "eeyyee" yoo ta'ee maaliif?	1. Dubartooni yeroo ulfi hinbarbaadamne naqunama jedhani yaadan fudhachu akka danda'an _____ 99. Yaada biraa yoota'ee ibsi _____
G329	Deebiin G327 "Hindeegaruu" yoo ta'ee maaliif?	1. Sodaa oduu fi ilaalcha/yaada/ badaa namootaatif _____ 2. Dargaggoota walqunamiti saalaa hinbarbaachifneef/sagaagalumaaf/ wanta kakaasu fi dhukuba HIV/AIDSitif saaxilu wanta danda'uf. ---- 99. Kan biraa yoo ta'ee ibsi _____
G330	Walqunamti saalaa tasaa yoo siqunamee dawaa karoora maatii ariitittin fayadamuf fedhi qabdaa?	1. Eeyyee _____ gara G331 tti dabri 2. Hinqabu _____ gara G332 tti dabri 3. hinbeeku _____
G331	Deebiin G330 "Eeyyee" yoo ta'ee maaliif?	1. Ulfa hinbarbaadamneef saaxilamu irra dawaa karoora maatii ariitittin fayadamu filadha _____ 2. Kan biraa yoo ta'ee ibsi _____
G332	Deebiin G330 "Hinqabu" yoo ta'ee maaliif?	1. Sodaa oddu fi yaada badaa namooni keenufi danda'aniif _____ 2. Amantaan kiyya wanta nadhorkuuf _____ 3. Ijjoollee dahu wanta filadhuuf _____ 99. Kan bira yoota'ee ibsi _____
G333	Hiriyoota keetiif rakkini yooqunamee akka dawaa karoora maatii ariitin fayadaman nigorsitaa?	1. Eeyyee _____ 2. Hingorsu _____ gara G334 tti dabri 3. hinbeeku _____
G334	Deebiin G 333 "higorsu" yoo ta'ee sodaan kee maali?	(<i>deebii tokko oli qabaachu nidanda'a</i>) Eyyee Mitti 1. Amantaan kiyya nadhorka _____ 2. Sodaa hiriyoota, ogeesotaa, YKN maatti kiyya _____ 3. Sodaa dawaan dhibee biraa yoo fidee _____ 4. Hirdhina dawaa(mala) _____ 5. Dubartoota sagagalumaaf saaxila _____ 6. Kaadhimaan kiyya naaf hin eeyamu _____

		7. Sodaa HIV/AIDSitif _____ 99. Kan biraa yoo ta'ee ibsii _____
G335	Dawaa karoora maatii ariiti eenyu yoo kenne jaaldhata?	(<i>deebii tokko oli qabaachu nidanda'a</i>) Eyyee Mitti 1. Ogeessa fayyaa/Doktori,Narsi _____ 2. Hiriyootaan _____ 3. Hojjetoota fayyaa ummata kessaattin _____ 4. Ogeesa qorichaattin/ farmaasitin/ _____ 99. Kan biraa yoo ta'ee ibsi _____
G336	Dawaa karoora maatii ariiti liqimsamu ulfa hinbarbaadamnee ittisudhaaf kinnini meeqa meeqa akka liqimsamu beektaa?	(Yobeekte qofa lack.kininini yeroo tokko likimsamu barreesi) 1.Postinor 2 kinnini _____(Lakkofsaan barreesi) 2.Progestin-only pill kinnini _____(Lakk. barresi) 3.Combined pill kinnini _____(Lakk.barreesi) 4. Hinbeeku _____
G337	Dhimmi dawaa karoora maatii ariiti barumsa kessan kessati haamatamee jiraa?	1. Eeyee _____ 2. Hinjiru _____ 3. hinbeeku _____
G338	Walquunamti saalaa tasaa Rakina shamarreen hundaa ta'u danda'a jate yaadaa?	Eeyyee _____ Miti _____ hinbeeku _____
G339	Ulfi hinbarbaadamne shamarreenif rakina jate yaadaa?	eeyyee _____ gara G339 tti dabri miti _____ hinbeeku _____
G340	Deebiin G339“eeyyee” yoo ta'ee rakini uumamu danda'u maali?	(<i>deebii tokko oli qabaachu nidanda'a</i>) Eyyee Mitti 1. Barumsa irraa haafu/bahu _____ 2. Dhibee addadaa(disability) _____ 3. Du'a _____ 4. maatti irraa/manaa ari'amu _____ 5. hinbeeku _____ 99. kan biraa yoo ta'ee ibsi _____